

Permit Number: _____
 Receipt No. _____
 Fee. _____
Application Complete? Yes ☐ No ☐
Reviewed By Initials _____
Date: _____

OWNER	PHONE:	FAX:	
MAILING ADDRESS	CITY	STATE	ZIP

SITE ADDRESS						LOT SIZE:	
LEGAL DESCRIPTION							
PLAT OR SUBDIVISION DATE		<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RESIDENTIAL			<input type="checkbox"/> MOBILE HOME	
UPC -						ZONE ATLAS PAGE:	

INSTALLER	PHONE #	
MAILING ADDRESS	CITY	ZIP
NMSEO LICENSE #		

APPLICATION IS FOR: <input type="checkbox"/> NEW WELL TO BE USED FOR <input type="checkbox"/> DRINKING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> REPLACEMENT WELL, PERMIT # FOR EXISTING WELL: _____ <input type="checkbox"/> WILL THIS WELL BE SHARED? <input type="checkbox"/> YES <input type="checkbox"/> NO LIST LOTS THAT WILL SHARE THIS WELL: _____ (attach a list if necessary)	NMSEO WELL FILE # _____ CONDITIONS _____ IS THERE AN EXISTING WASTE WATER SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO PERMIT NO. FOR EXISTING WASTEWATER SYSTEM _____
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WELL CONSTRUCTION	COMPLETION DEPTH:		CASING LENGTH ABOVE GROUND:	
	CASING DIAMETER:		CASING TYPE:	
	PUMP TYPE:		GROUT DEPTH:	
	WELL PAD DIMENSIONS:			
WELL LOCATION CHARACTERISTICS	WASTEWATER SYSTEM DISTANCE FROM WELL:		DISPOSAL FIELD DISTANCE FROM WELL:	
	DISTANCE FROM PUBLIC SEWER LINE:			
	ADDITIONAL CONTAMINATION SOURCES (EXPLAIN, USE ADDITIONAL SHEET IF NECESSARY)			
	FLOOD POTENTIAL <input type="checkbox"/> YES <input type="checkbox"/> NO		FLOOD ZONE DESIGNATION:	

Provide a detailed site plan to scale on a separate sheet of paper. Include location of the well and setback distances to wastewater systems or holding tank, any other possible sources of contamination, existing wells, waterlines, arroyos, or canals, and property lines.

The foregoing information and the site plan provided are true and correct to the best of my knowledge. I understand the issuing of this permit does not relieve me from the responsibility of complying with all regulations. Obtaining the permit does not relieve me from the responsibility of obtaining any permits required by State, County, or City regulations or ordinances or other requirements of State and Federal law. This application expires six months from the application date. A six-month extension may be granted when a written request is submitted prior to the expiration date.

☐ INSTALLER _____
☐ OWNER PRINT NAME SIGNATURE DATE



Page 2 for DEPARTMENT USE ONLY

☐ WILL MEET BERNALILLO COUNTY
☐ WILL INDIVIDUAL WATER SYSTEM
NOT ORDINANCE 87-30

IT APPEARS THAT FROM THE INFORMATION PROVIDED ON PAGE 1, THE PROPOSED SYSTEM:

☐ GRANTED
☐ GRANTED W/ CONDITIONS
☐ DENIED

A PERMIT FOR CONSTRUCTION OF THE WELL DESCRIBED ON PAGE 1 HAS BEEN:

COMMENTS:

ENVIRONMENTAL HEALTH REPRESENTATIVE

DATE

TYPE OF INSPECTION	NAME	DATE	TYPE OF INSPECTION	NAME	DATE
DURING INSTALLATION			FINAL INSPECTION		
<p>FINAL INSPECTION:</p> <p>PROTECTIVE CONCRETE SLAB (Yes / No):</p> <p>SETBACK DISTANCE TO SEPTIC TANK:</p> <p>SETBACK DISTANCE TO PROPERTY LINE:</p> <p>CASING LENGTH ABOVE GROUND:</p> <p>SETBACK DISTANCE TO ABSORPTION FIELD:</p> <p>COMMENTS:</p>					
<p>An onsite survey has been conducted and the onsite liquid waste disposal system described herein has been built in accordance to the plans and/or approved modifications to the plans submitted.</p>					
<p>_____ ENVIRONMENTAL HEALTH REPRESENTATIVE</p>			<p>_____ DATE</p>		